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SERIAL NUMBER 10792,086	FILING DATE 03/03/2004 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 29917/04000
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APPLICANTS
 Challen W. Waychoff II, Piedmont, OH;

** CONTINUING DATA *****
 NONE *10/27/05*

** FOREIGN APPLICATIONS *****
 NONE *10/27/05*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/21/2004

** SMALL ENTITY **

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 5	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 4
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35 USC 119 (a-d) conditions met ☒ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *[Initials]*

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TITLE
 Colon hydrotherapy device

FILING FEE RECEIVED 428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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